

Atty. Docket: MAK/102/PC/US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE (DO, EO/US)**

Int'l Application No. PCT/US2003/034225  
Int'l Filing Date: 10/29/2003  
Title: Antiprotozoal Ring-Substituted Phospholipids  
First named Inventor: Theodora Calogeropoulou

MAIL STOP PCT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please commence the United States National Processing of the above-identified international application.

**WE HEREBY REQUEST IMMEDIATE EXAMINATION UNDER 35 U.S.C. 371(F).**

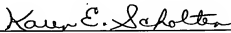
The following items are enclosed:

- (1) Copy of the above International Application as published in English
- (2) Copy of International Search Report for the above-referenced International Application
- (3) Application Data Sheet
- (4) Unsigned Inventors' Declaration
- (5) Preliminary amendment

EXPRESS MAIL Mailing Label Number EV 188552065 US

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the below date and is addressed to the "MAIL STOP PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450".

Date: April 14, 2005

  
By: KAREN E. SCHOLTEN

The national entry fee has been calculated as shown below:

Basic National Stage fee, Search fee and Examination fee	1	\$1000	\$1,000.00
Total claims in excess of 20	2	\$50	\$ 100.00
Independent claims in excess of 3	0	\$200	\$ 0.00
No. multiple dependent claims presented	0	\$360	\$ 0.00
Application size fee (for each 50 sheets or fraction thereof if the specification and drawings exceed 100 sheets of paper)		\$250	\$ 0.00
fee subtotal			<u>\$1,100.00</u>

☒ If checked, Applicant(s) is(are) a small entity and is entitled to a 50% reduction in the above fee.

filing with a non-English specification \$130

national fee enclosed 550.00

☒ If checked, a check in the amount of \$550.00 to cover the filing fee is enclosed.

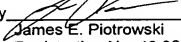
☐ Please charge my Deposit Account No. 16-2563 in the amount of \$\_\_\_\_\_ to cover the filing fee. A duplicate of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additionally required fees associated with this communication or credit any overpayment to Deposit account No. 16-2563. A duplicate copy of this sheet is enclosed.

☐ The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 required during the pendency of this application and to credit any overpayment to Deposit Account No. 16-2563. A duplicate copy of this sheet is enclosed.

Respectfully submitted,  
Theodora Calogeropoulou et al

Date: 4-14-05  
Alix, Yale & Ristas, LLP  
750 Main Street  
Hartford, Connecticut 06103  
Telephone: (860) 527-9211  
Facsimile: (860) 527-5029

By   
James E. Piotrowski  
Registration No. 43,860  
Attorney For Applicant